Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS5002AGC	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLY FAMILY ADULT CARE HOME	1013 STONEYPEAK AVE NORTH LAS VEGAS, NV 89081

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/16/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of A. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness Category II residents. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 251 SS=C	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. This Regulation is not met as evidenced by:	Y 251		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 251	Continued From page 1 Based on observation and interviews on 12/16/10, the facility failed to ensure the refrigerated foods were kept at a temperature of 40 degrees or less. (The temperature in the refrigerator was 44 degrees). Severity: 2 Scope: 3	Y 251		
Y 878 SS=G	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review, interview, and observation on 12/16/10, the facility failed to ensure 1 of 4 residents received medications as prescribed (Resident #2). Findings include: It was observed that the QVAR inhaler for Resident #3 was empty. The resident was prescribed QVAR 80 Microgram Inhaler, one puff two times per day. QVAR was prescribed to	Y 878		

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Y 878	Continued From page 2 prevent wheezing, shortness of breath, and breathing difficulties caused by severe bronchitis. The QVAR inhaler bottle initially contained 100 metered puffs (50 days supply) and the inhaler was opened around 10/21/10. Therefore, the inhaler was empty for approximately five days on 12/16/10 and Resident #3 missed 10 doses. Caregivers were documenting on the resident's Medication Administration Record (MAR) that the resident had been receiving the medication as prescribed although the bottle was empty. Severity: 3 Scope: 1	Y 878		